

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Dissolution without Children

In Re the Marriage of:_____
Name of Petitioner

and.

Name of Respondent**Affidavit of Service by Mail**

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Affidavit signed)

I, _____, state that I am at least 18 years of age having been born on _____, and that on _____, _____, I served the Findings of Fact, Conclusions of Law, Order for Judgment and Judgment and Decree on Respondent by placing a true and correct copy of said document in an envelope addressed to _____ at _____ in the City of _____, State of _____, Zip Code _____ and depositing the envelope, with sufficient postage, in the United States Mail at the Post Office located in the City of _____ in the State of _____.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature

Name: _____

Address: _____

City/State/Zip: _____

E-mail address: _____